

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO/

10/559610

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
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10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
22						
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25						
26						
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28						
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30						
31						
32						
33						
34	1					
35						
36						
37						
38	1					
39						
40		22				
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	38	←		←		←
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						